

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 581 380

FILING DATE

6-1-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2			1				
3	1		1				
4	1						
5	1		1				
6	1						
7	1						
8	1		1				
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50							
TOTAL IND.		↓	2	↓		↓	
TOTAL DEP.	←		8	←	←	←	
TOTAL CLAIMS		+	+	+	+	+	
	10						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.		↓					
TOTAL DEP.	←		←	←	←	←	
TOTAL CLAIMS		+	+	+	+	+	
	10						